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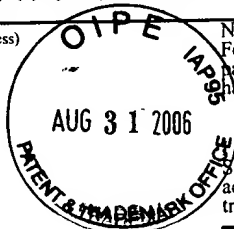
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26541 7590 06/06/2006

Cindy S. Kaplan
 P.O. BOX 2448
 SARATOGA, CA 95070

09/01/2006 MWOLDGE2 00000025 09652454

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Cindy S. Kaplan	(Depositor's name)
<i>C/K/L</i>	(Signature)
August 28, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/652,454	08/31/2000	David Cheriton	CISCP537	3379

TITLE OF INVENTION: SYSTEM AND METHOD FOR GENERATING FILTERS BASED ON ANALYZED FLOW DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SIMITOSKI, MICHAEL J	2134	726-013000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cindy Kaplan

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cisco Technology, Inc.

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1652 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

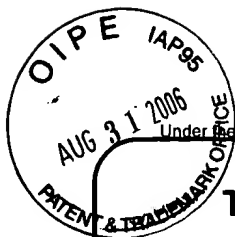
Date August 28, 2006

Typed or printed name Cindy S. Kaplan

Registration No. 40,043

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number	09/652,454
Filing Date	August 31, 2006
First Named Inventor	David Cheriton
Art Unit	2134
Examiner Name	Michael J. Simitoski
Attorney Docket Number	CISC537

ENCLOSURES (Check all that apply)

- | | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form (PTOL-85)
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Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Cindy Kaplan, Attorney at Law
Signature	
Printed name	Cindy Kaplan
Date	August 28, 2006

Reg. No. 40,043

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Cindy Kaplan
Date	August 28, 2006

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